

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT
NOTICE OF APPEAL NOTIFICATION FORM

Please Fill Out Completely

CASE INFORMATION:

Short Case Title: _____

Court of Appeals No. (leave blank if unassigned) _____

U.S. District Court, Division & Judge Name _____

Criminal and/or Civil Case No. _____

Date Complaint/Indictment/Petition Filed: _____

DateAppealed order/judgment *entered*: _____

Date NOA *filed*: _____

Date(s) of Indictment _____ Plea Hearing _____ Sentencing _____

COA Status (check one): granted in full (attach order) denied in full (send record)
 granted in part (attach order) pending

Court Reporter(s) Name & Phone Number _____

Magistrate Judge's Order? If so, please attach.

FEE INFORMATION

Date Docket Fee Paid: _____ Date Docket Fee Billed: _____

Date FP granted: _____ Date FP denied: _____

Is FP pending? yes no

Was FP limited ? Revoked

US Government Appeal? yes no

Companion Cases? Please list: _____

Please attach copy of any order granting, denying or revoking FP.

COUNSEL INFORMATION (please include email address)

Appellate Counsel: _____ Appellee Counsel: _____

retained CJA FPD Pro Se Other _____ ***Please attach appointment order.***

DEFENDANT INFORMATION

Prisoner ID _____ Address: _____

Custody _____

Bail _____

AMENDED NOTIFICATION INFORMATION

Date Fees Paid _____ 9th Circuit Docket Number _____

Name & Phone Number of Person Completing this Form: _____